

**405 - CULTURAL COMPETENCY AND FAMILY/PATIENT CENTERED CARE**

EFFECTIVE DATE: 03/02/00, 10/01/12, 05/01/14

REVISION DATE: 11/16/10, 01/01/11, 10/02/12, 04/17/14

STAFF RESPONSIBLE FOR POLICY: DHCM OPERATIONS

I. PURPOSE

This Policy applies to Acute Care, ADHS/DBHS, ALTCS/EPD, CRS, DES/CMDP (CMDP), and DES/DDD (DDD) Contractors. This purpose of this Policy is to outline the requirement that Contractors offer accessible and high quality services in a culturally competent manner.

II. DEFINITIONS

COMPETENT	Properly or well qualified and capable.
CULTURAL COMPETENCY	An awareness and appreciation of customs, values, and beliefs and the ability to incorporate them into the assessment, treatment and interaction with any individual.
CULTURE	The integrated pattern of human behavior that includes thought, communication, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. Culture defines the preferred ways for meeting needs, and may be influenced by factors such as geographic location, lifestyle and age.
LIMITED ENGLISH PROFICIENCY (LEP)	Not being able to speak, read, write or understand the English language at a level that permits one to interact effectively with health care providers or the Contractor.
MEMBER	A person eligible for AHCCCS, who is enrolled with a Contractor.
PROVIDER	A person or entity that is registered with AHCCCS and/or subcontracts with an AHCCCS Contractor to provide AHCCCS covered services to members.
SUBCONTRACTOR	A person, agency or organization to which a Contractor has contracted or delegated some of its management functions or responsibilities to provide covered services to its members; or A person, agency or organization with which a fiscal agent has entered into a contract, agreement, purchase order or lease (or leased of real property) to obtain space, supplies, equipment or services provided under the AHCCCS agreement.

**III. POLICY****A. CULTURAL COMPETENCY PLAN**

The Contractor must have a comprehensive cultural competency program, which is described in a written plan. The Cultural Competency Plan (CCP) must describe how care and services will be delivered in a culturally competent manner [42 CFR 438.206(c)(2)]. CCP's shall contain the information provided in Attachment A, Cultural Competency and Family/Patient Centered Care Evaluation and Plan Checklist.

The Contractor must identify a staff member responsible for the CCP. If there is a change in the staff member responsible for the CCP, the Contractor must notify the Division of Health Care Management (DHCM).

The CCP must contain a description of:

1. Education and Training
 - a. The training program consists of the methods the Contractor will use to train its staff so that services are provided effectively to members of all cultures. Training must be customized to fit the needs of staff based on the nature of the contacts they have with providers and/or members.
 - b. The education program consists of methods the Contractor will use for providers and other subcontractors with direct member contact. The education program will be designed to make providers and subcontractors aware of the importance of providing services in a culturally competent manner. The Contractor must also make additional efforts to train or assist providers and subcontractors in receiving training in how to provide culturally competent services.
2. Culturally Competent Services and Translation/Interpretation Services

The Contractor describes the method for evaluating the cultural diversity of its membership to assess needs and priorities in order to provide culturally competent care to its membership. Culturally competent care requires that the Contractor evaluate its network, outreach services and other programs to improve accessibility and quality of care for its membership. It must also describe the provision and coordination needed for linguistic and disability-related services. The availability and accessibility of translation services should not be predicated upon the non-availability of a friend or family member who is bilingual. Members may elect to use a friend or relative for this purpose, but they should not be encouraged to substitute a friend or relative for a translation service. A Contractor, at the point of contact, must make members aware that translation services are available. The services that are offered must be provided by someone who is proficient and skilled in translating language(s).



The Contractor must provide translations in the following manner:

- a. All materials shall be translated when the Contractor is aware that a language is spoken by 3,000 or 10% (whichever is less) of the Contractor's members who also have Limited English Proficiency (LEP) in that language.
- b. All vital materials shall be translated when the Contractor is aware that a language is spoken by 1,000 or 5% (whichever is less) of the Contractor's members who also have LEP in that language. Vital materials must include, at a minimum, notices for denial, reduction, suspension or termination of services, vital information from the member handbook and consent forms.
- c. All written notices informing members of their right to interpretation and translation services in a language shall be translated when the Contractor is aware that 1,000 or 5% (whichever is less) of the Contractor's members speak that language and have LEP.

B. EVALUATION AND ASSESSMENT OF CCP

The Contractor must evaluate the CCP for effectiveness. Evaluations along with any modifications to the CCP are to be made on an annual basis and a copy of the Cultural Competency Plan Assessment submitted to the designated Operations and Compliance Officer 45 days after the start of the contract year. The evaluation may, for example, focus on comparative member satisfaction surveys, outcomes for certain cultural groups, member complaints, grievances, provider feedback and/or Contractor employee surveys. If issues are identified, they should be tracked and trended, and actions should be taken to resolve the issue(s).

C. CRS FAMILY CENTERED AND CULTURALLY COMPETENT CARE

The CRS Contractor will provide family-centered care in all aspects of the service delivery system. As per AMPM 330, Covered Conditions and Services for the Children's Rehabilitative Services (CRS) Program, the additional responsibilities of the CRS Contractor, in support of family-centered care, include but are not limited to:

1. Recognizing the family as the primary source of support for the recipients' health care decision-making process. Service systems and personnel should be made available to support the family's role as decision makers.
2. Facilitating collaboration among recipients, families, health care providers, and policymakers at all levels for the:
 - a. Care of the member;
 - b. Development, implementation, and evaluation of programs; and
 - c. Policy development.
3. Promoting a complete exchange of unbiased information between recipients, families, and health care professionals in a supportive manner at all times.



4. Recognizing cultural, racial, ethnic, geographic, social, spiritual, and economic diversity and individuality within and across all families.
5. Implementing practices and policies that support the needs of recipients and families, including medical, developmental, educational, emotional, cultural, environmental, and financial needs.
6. Participating in Family-Centered Cultural Competence Trainings.
7. Facilitating family-to-family support and networking.
8. Promoting available, accessible, and comprehensive community, home, and hospital support systems to meet diverse, unique needs of the family.
9. Acknowledging that families are essential to the members' health and wellbeing and are crucial allies for quality within the service delivery system.
10. Appreciate and recognize the unique nature of each recipient and their family.

IV. RESOURCES

<http://www.ahrq.gov/research/index.html>- Minority Health
<http://innovations.ahrq.gov/CulturalCompetence.aspx>- Honing Cultural and Linguistic Competence
<http://www.ahrq.gov/health-care-information/informacion-en-espanol/index.html>- Información en español
<http://www.diversityrx.org/topic-areas/cultural-competence-101>- Cultural Competence 101
<http://minorityhealth.hhs.gov/> - Office of Minority Health, (Choose the Cultural Competency tab)
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15> - Office of Minority Health, The National CLAS Standards
<http://nccc.georgetown.edu/> - National Center for Cultural Competence
<http://www.ahrq.gov/research/data/hcup/index.html>- Agency for Healthcare Research and Quality
www.lep.gov – Limited English Proficiency (LEP) – A Federal Interagency Website
http://www.lep.gov/guidance/guidance_DOJ_Guidance.html - LEP Page
www.languageine.com - Translation Service
www.cyracom.net - Translation Service
www.xculture.org - Cross Cultural Health Care Program (CCHCP)
<http://minorityhealth.hhs.gov/> - From the home page choose Cultural Competency then choose About the Center for Linguistics and Cultural Competence in Health Care (CLCCHC)
<http://www.samhsa.gov> - Substance Abuse and Mental Health Services Administration (Children's Issues)
<http://www.ama-assn.org/> - Search "Cultural Competency to link to Cultural Competency Issues
www.cdcnpi.org/scripts/population/culture.asp - Centers for Disease Control
<http://cecp.air.org/cultural/default.htm> - Center for Effective Collaboration and Practice



<http://www.childrensnational.org/emsc/> - Emergency Medical Services for Children, Search “Cultural Competency” from the home page

Americans with Disabilities Act: 42 U.S.C., Chapter 126

Balanced Budget Act of 1997 (BBA)

National Standards of Culturally and Linguistically Appropriate Health Care, Volume 65 of the Federal Register (65 Fed. Reg.) 80865-80897 (December 22, 2000)

Title VI of the Civil Rights Act: Title 42 of the United States Code (42 U.S.C.) 2000d (see 45 C.F.R. 80, app. A (1994))

Title VI Prohibition Against National Origin Discrimination as it Affects Persons with Limited English Proficiency, 68 Fed. Reg. 47311, (August 8, 2003)

V. REFERENCES

- 42 CFR 438.206(c)(2)
- Acute Care Contract, Section D
- ADHS/DBHS Contract, Section D
- ALTCS/EPD Contract, Section D
- CRS Contract, Section D
- DES/CMDP Contract, Section D
- DES/DDD Contract, Section D
- AMPM 330
- Attachment A, Cultural Competency and Family/Patient Centered Care Evaluation and Plan Checklist



ACOM POLICY 405, CULTURAL COMPETENCY EVALUATION AND PLAN CHECKLIST

SEE THE ACOM WEBPAGE FOR ATTACHMENT A OF THIS POLICY